

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	WJ	7W34	10-30-00
O.I.P.E. CLASSIFIER		48	11/14/00
FORMALITY REVIEW	lyt	859	12-07-00
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interrogated  
 A ..... Appear  
 O ..... Objected

**BEST AVAILABLE COPY**

Claim	Final Original	Date
1	1	1/1/00
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If more than 150 claims or 10 actions  
staple additional sheet here

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